
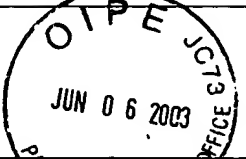


6-9-3 2161 \$

 30623 PATENT TRADEMARK OFFICE	 Attorney Docket No. 07473-032	Express Mail Label No. EV230283014US Date of Deposit: June 6, 2003
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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman  
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE  
INSURANCE  
Serial No.: 09/780,266  
Filed: February 9, 2001

Examiner: Not Assigned  
Art Unit: 2161

MS: RESPONSE (FEE)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

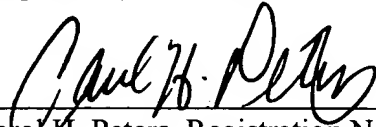
Sir:

Transmitted herewith for filing in the above-identified application are the following documents:

1. Preliminary Amendment;
2. Fee Calculation for Submission of Additional Claims; and
3. Return Post Card.

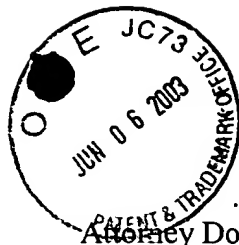
A check in the amount of \$342.00 is enclosed for payment of the requisite fee for filing additional claims. The Commissioner is hereby authorized to charge any additional fee, or to refund any overpayment, to Deposit Account No. 50-0311, Referencing Attorney Docket No. 07473-032. A duplicate copy of this transmittal letter is enclosed.

Respectfully submitted,

  
Carol H. Peters, Registration No. 45,010  
Mintz, Levin Cohn, Ferris,  
Glovsky and Popeo, P.C.  
One Financial Center  
Boston, Massachusetts 02111  
Telephone 617/348-4914  
Attorneys for Applicant

Date: June 6, 2003

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**GROUP 3600**



Express Mail Label No.: EV230283014US

Date of Deposit: June 6, 2003

Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman  
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL LIFE  
INSURANCE  
Serial No.: 09/780,266  
Filed: February 9, 2001

Examiner: Not Assigned  
Art Unit: 2161

MS: RESPONSE (FEE)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

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GROUP 3600

FEE CALCULATION FOR SUBMISSION OF ADDITIONAL CLAIMS

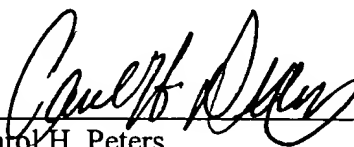
Sir:

The Applicant calculates, as provided below, the statutory filing fee required with respect to the Preliminary Amendment submitted herewith.

CLAIM FEE CALCULATION					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$710.00
Total Claims (37 C.F.R. 1.16(c))	58	- 20 =	38	\$ 18.00	684.00
Independent Claims (37 C.F.R. 1.16(b))	3	- 3 =	0	\$ 84.00	.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		8	\$260.00	.00
TOTAL FEE					684.00
Reduction by 50% for filing by small entity:					<u>-\$342.00</u>
BALANCE DUE					342.00

The Commissioner is hereby requested to charge any additional fees or to refund any overpayment to the undersigned's Deposit Account No. 50-0311, referencing Attorney Docket No. 07473-032.

Respectfully submitted,

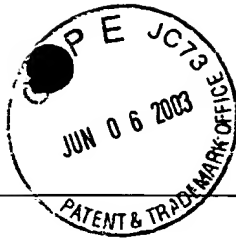


Carol H. Peters


Registration No. 45,010  
Mintz, Levin, Cohn, Ferris,  
Glovsky and Popeo, P.C.  
One Financial Center  
Boston, MA 02111  
Telephone 617/348-4914  
Facsimile 617/542-6000  
Attorney for Applicants

Date: June 6 2003

TRA 1801527v1



6/17/03  
PH  
4/A

 <b>30623</b> PATENT TRADEMARK OFFICE	Express Mail Label No.: EV230283014US Date of Deposit: June 6, 2003
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Attorney Docket No. 07473-032

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lawrence M. Sherman  
Serial No.: 09/780,266  
Filing Date: February 9, 2001  
For: SYSTEM AND METHOD FOR PROVIDING ADDITIONAL  
LIFE INSURANCE

Examiner: Unassigned  
Art Unit: 2161

Box RESPONSE (Fee)  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination of the above-identified application, please amend the  
application as follows.

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JUN 12 2003  
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*Amendments to the Claims*

Cancellation of Claims Under Revised 37 C.F.R. § 1.121(c)

The Applicant respectfully requests cancellation of claim 1 from the present  
application without prejudice to the subject matter contained therein.

06/10/2003 MBIZUNES 00000064 09780266

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